

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(For use with Form PTO/SB/06)

Application Number
K0004/7004

Filing Date
January 22, 2004

Applicants(s)
Wolfgang Dinkelacker

*May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		3					55						
6		3					56						
7		1					57						
8		1					58						
9	1						59						
10		1					60						
11		1					61						
12		1					62						
13		5					63						
14		1					64						
15		1					65						
16		4					66						
17		4					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25							75						
26							76						
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33							83						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2		0		0		Total Indep	0		0		0	
Total Depend	36		0		0		Total Depend	0		0		0	
Total Claims	38		0		0		Total Claims	0		0		0	

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10162809

FILING DATE

1-23-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		3				
6		3				
7		1				
8		1				
9	1					
10		1				
11		1				
12		1				
13		5				
14		5				
15		5				
16		4				
17		4				
18		4				
19		5				
20		5				
21		1				
22		4				
23		1				
24		1				
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	54					
TOTAL CLAIMS	56					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
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61						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						